

Company Name and Owner

Company Corporate Address

IA Dept of Labor License #:

General Description of the Company:

Type of Organization (franchise, corporation, partnership, etc.)

Number of years in business:

References

References: Include a reference list of at least three (3) clients to whom the CONTRACTOR has provided ELEVATOR services similar in scope and size to those being proposed herein.

Reference #1 - Name:

Address:

Contact Person & Phone:

Date & Description of Job:

Contract Value:

Reference #2 - Name:

Address:

Contact Person & Phone:

Date & Description of Job:

Contract Value:

Reference #3 - Name:

Address:

Contact Person & Phone:

Date & Description of Job:

Contract Value:

Personnel

Name and title of employee who will be overseeing the project: _____

Phone _____

Cell _____

Email _____

Fax _____

Name, address and phone # of every subcontractor that you propose to use:

General

Has your company had a contract related to elevator services canceled within the past seven (7) years?

YES

NO

If yes, state the name and address of the other contracting party and the reason on a separate sheet of paper.

Safety Record

Has your company received an OSHA violation in the past five (5) years?

YES

NO

If yes, attach copies of the citations and an explanation of how they were resolved.